State Plan 2001: Blueprint for Change

REQUIREMENTS FOR A LOCAL BUSINESS PLAN

The plan for mental health, developmental disabilities and substance abuse services

DRAFT 11/01/01

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

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Requirements for Local Business Plan

A local business plan is the framework by which the state will determine whether an area/county program has the capabilities and infrastructure to be a local managing entity (LME), and by which the state will hold the local managing entity accountable. The business plan shall provide in detail information on how the area/county program will meet state standards, laws, and rules for ensuring quality mh/dd/sa services including outcome measures for evaluating program effectiveness. The plan shall be in effect for at least three (3) years and will be subject to an annual memorandum of agreement for fund expenditures as outlined in the State Plan.

Procedure for Approval

The area/county program shall submit the proposed plan as approved by the local governing/authorizing board to the Secretary. The governing/authorizing board will include citizen participation, equitable representation of the disability groups, and equitable representation of participating counties. The Secretary or designee(s) shall review the business plan within 30 days of receipt. If standards are met, the program will be deemed certified via written notification. Implementation of the plan should begin within 30 days of approval notification. If standards are not met, the submitting area/county program and applicable boards will be notified in writing of the required changes. The area/county program shall have 30 days from receipt of the Secretary's notice to make requested changes and resubmit the amended plan. The Secretary and designated staff shall provide assistance to resolve outstanding issues.

Basic Principles

The local business plan shall meet the following basic principles for efficiency and effectiveness.

- A system in which the state is responsible for establishing policy and performance expectations to be implemented by local management entities and qualified providers through which a mutually responsible system of accountability for local managing entities, qualified providers and state offices must be developed, established and complied with by all.

- Equitable rules established for the provision of services across the public and private sectors, which support high quality practices and conserve precious resources.

- Coordinated departmental decisions and decision making across Division of Medical Assistance and the Division of MH/DD/SA Division for all fiscal issues, thus ensuring the support of best practices, timely and responsible policy/procedural change implementation, information sharing and technical assistance.

- A fully integrated and all-inclusive system of managing client information, service activity data and financial/reimbursement processes to ensure uniformity and consistency in reporting and retrieval of all data.

- A uniform, competent method of cost finding and rate setting, derived from timely data, and including all costs of operations, both direct and indirect.

- A uniform, realistic administrative expectation for providing effective, competent management, administrative and financial support to direct services. The administrative costs should factor in compliance with all mandates and standards, liability of risks, the establishment of consumer and family involvement and collection and processing of consumer/system outcomes and satisfaction.

- A service system built on local needs, local market conditions, and identified service gaps. Consumers and their families will inform the assessment of needs and service gaps. The Secretary must have the flexibility to determine under what conditions and whether or when the public managing entity might also be allowed to provide services based on local needs, issues, and responsiveness.

- An all-inclusive single audit that applies equally to all qualified providers for the review of all financial issues as they apply to processes and funding sources. This tool should be developed in consultation with the Local Government Commission. Audit and monitoring requirements will be uniform with no different requirements for private and public sectors, unless specified by federal regulations or state statutes.

- A national accreditation or equivalent standards will be required for local managing entities.

- A formal relationship (MOA or contract) will be required between the LME and all of its network qualified providers, regardless of those involved in direct enrollment for payment purposes. The relationship does not mean payment will be the responsibility of the local managing entity. It does show knowledge and intent of rules and requirements associated with the integrated system of mh/dd/sa services, and the responsibility of the LME to monitor qualified providers against those rules and requirements. In situations where no formal agreement is possible or appropriate, the LME shall have written policy for ensuring appropriate communication, coordination of care, and how health and safety will be assured.

- Utilization management (i.e., a system to ensure the most efficient and effective utilization of finite resources) is the responsibility of all, including the state, LME's and qualified providers. The state will develop and implement the utilization management system to ensure that it meets its responsibilities and obligations, to promote consistent practice across the state and to efficiently address overall service system issues. Every LME and qualified provider will develop and implement its own internal utilization management processes in coordination with the state system to ensure that it meets its

responsibilities and obligations (e.g., client-specific treatment planning, internal review and development of services and service management).

- Monitoring of the local provider network is a key function of the LME with the goals of: assuring that services are available; that services are of optimum quality; that service consumers know how to get them; that they meet rules, standards and laws; and that consumer rights, health and safety are assured. These functions are not to duplicate functions assigned and implemented by state agencies.

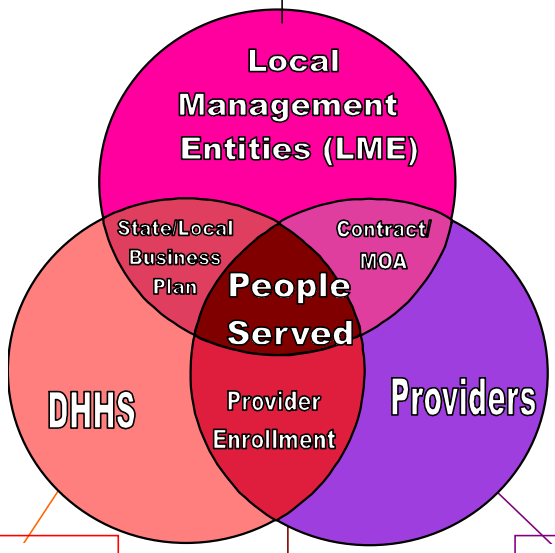
- System Quality Indicators as one measurement tool utilized to establish LME report cards, including indicators of service delivery as provided by the provider network. These report cards will be accessible by the public.

Newly configured local managing entities shall provide projected and plan goals for each of the areas listed below. Since historical analysis is not available, yearly performance goals shall be identified by the LME as part of the business plan. The state shall make available to newly proposed county configurations data needed to analyze and prepare the business plan.

Basic Principles of a Local Business Plan
Presented by Bob Hedrick
NC Community Support Providers Council

LME Core Administrative Functions
- **Planning**
- **Provider network development**
- **Service management**
- **Financial management and accountability**
- **Service monitoring and oversight**
- **Evaluation**
- **Collaboration**
- **Access**

DHHS, Providers & LMEs
- **Ensuring a mutually responsible system of accountability for LMEs, private providers, and DHHS, including clear roles and lines of authority**
- **Ensuring consumer choice through separation of service management (lead agency) from service provision**
- **Ensuring fairness through the development and planned implementation of rules/ policies/ procedures with consumer and provider input**
- **Ensuring fair and efficient fiscal management through standardized contracts/ MOAs, provider enrollment, cost reporting, rate setting, direct billing of services**



DHHS, Providers & LMEs
- **Controls administrative costs with efficient operations targeted towards outcomes, including reduction of administrative units to the targeted 20 LMEs**
- **Provides for local/regional administration of programs including access, technical assistance, and financial controls**
- **Extends integrated and inclusive consumer information management systems**
- **Monitors consumer satisfaction/outcomes, including enforcement of state standards that ensures client safety and consumer choice**

DHHS
- **State Plan addressing MH/DD/SA supports and services across all Divisions of DHHS**
- **Review/Approve Local Business Plan with input from people served and providers**
- **Oversee implementation of local business plans ensuring access to services with LMEs responsible primarily for the management of the system**
- **Oversee provider enrollment requirements for enrolled providers for Medicaid and Non-Medicaid services**
- **Consistently interpret and enforce rules of the Commission and Secretary**
- **Ensure access to community services and service capacity through adequate funding**

Persons Served
- **Participate on local and state planning, advisory, and oversight committees, ensuring feedback on State Plan and local business plan implementation**
- **Ensure system change toward consumer-directed services**
- **Ensure the quality of system management and service provision**
- **Ensure the development of service capacity to meet the needs of people served in each community**
- **Ensure people served/ families are afforded informed choice of service/support options**

Providers
- **Enrolled with DMA/DMH for Medicaid and Non-Medicaid services**
- **Provide services as determined in the person-centered plan and as ordered/authorized within authorization criteria/ budget parameters**
- **Bill directly for service provision with a single payment from the Department, such as the Integrated Payment and Reporting System**
- **Ensure quality of services as determined by consumer satisfaction, state/federal requirements and best practice**

The Business Plan

The local business plan will contain the following information.

Local Management Entity information

- Name of organization
- Contact information
- CEO
- Proposed governance: area program/county
- Area authority/county advisory board makeup: name, representation and contact information
- Population to be covered (number of persons in catchment area)
- Counties to be covered
- Current governance structure
- Summary of any changes from the area program structure to the new business plan
- Documentation of successful completion of readiness review conducted by the Division of MH/DD/SAS.

Performance Goals

Local business plans must contain annual performance goals for the following areas:

- Service access targets for all listed in the plan
- Numbers in target populations to be served
- Range of services to be provided to target populations
- Size/domains of provider network
- Provider training
- State institution use (bed days/number of persons)
- MIS capacity

Planning

Local business plans must

- identify service gaps and methods for filling the gaps,
- indicate how they will address ethnic and racial disparities in mh/dd/sa services and supports, including how to address issues of non-English speaking people,
- ensure the availability of an array of services based on consumer needs and preferences, core and targeted service requirements, and adequate access to mh/dd/sa services across the continuum for all persons served,
- be based on efficient and effective use of all funds for targeted services, and
- be an open process involving key stakeholders

Required Elements	State Criteria for Approval
1. Description of the strategic planning efforts, including participants in the process, that led to the development of this proposed three-year business plan. Include a copy of your strategic plan, (including goals, objectives and implementation timeframes) and their relation to the mission, principles, vision and systematic implementation of the State Plan. Describe how strategic planning will continue into the future	**1.a.** The proposed local plan responds to, support and advance the mission, principles and vision of the State Plan. **1.b.** The proposed plan documents a comprehensive local planning process, conducted openly, with representation drawn from a broad spectrum of system stakeholders (people with disabilities and their families, culturally diverse people, frontline staff, qualified providers, advocates). **1.c.** The proposed local Plan addresses a first year, second year as well as a three-year plan. **1.d.** The proposed local Plan identifies a long range planning process.
2. Description of how families and consumers of all disabilities and the community have been and will be involved in the planning of your proposed local mh/dd/sa system, including the local Consumer and Family Advisory Committee. Evidence of involvement of families and consumers includes a focus on user friendliness and convenience of families and consumers, development of services requested by them, and responsiveness to diverse cultural perspectives.	**2.a.** The local Consumer and Family Advisory Committee as described in the State Plan has been utilized fully in planning, and are there sound plans for future involvement. **2.b.** The proposed local plan demonstrates the direct and active involvement of members of targeted populations of each disability, and the families of child consumers under the age of 18. **2.c.** The proposed local Plan focuses on user friendliness and the convenience of consumers and their families. **2.d.** The proposed plan involves consumers, family members and community organizations to assure that case management and services are responsive to cultural diversity and cultural perspectives.
3. Description in detail of how your proposed local business plan addresses the unique needs of the State Plan target populations and what specific programs/services and intervention modalities the local plan proposes to engage	**3.** The proposed plan demonstrates knowledge of current best practices in all the disability areas in planning, developing, implementing and providing services and supports to members of the target populations established in the State Plan.

Required Elements	State Criteria for Approval
and maintain targeted populations in the service system, including those individuals who have co-occurring disorders.	
4. Description of the methods used to determine the needs and gaps in services, including the development and use of needs assessment data, and an analysis and summary of the needs and requests of individuals currently in service and on waiting lists for services. Provide additional analysis based upon the following formula: total population X penetration rate expected for age/disability target groups by service category. Provide two years of data analysis from current governing entity (ties) on the following: • Penetration rates for all identified targeted and non-targeted populations • Utilization of state facilities for the targeted and non targeted populations • Volume of service levels for targeted population and non-targeted population for Medicaid and non-Medicaid services. • Percent of services provided in the private network vs. the public system by service category. Describe how the geographic area was taken into account in planning for services and supports. This should include consideration of: crisis intervention and alternatives to inpatient treatment, detoxification, long term residential care and low incident services; and how services and supports will be provided in the least restrictive setting and eliminate the unnecessary use of private and/or state facility beds.	**4.a.** The proposed plan uses current and reliable need assessment data, an analysis of individuals currently receiving services and on waiting lists, and analysis based on two years of data on penetration rates, utilization of state facilities, volume of service levels and services provided in the public and private systems to measure needs and gaps in services. The penetration rates meet appropriate criteria for each of the target populations. **4.b.** The plan takes into account influential factors such as: population density, size of area and infrastructure such as transportation, cost effectiveness, use of generic resources, and consumer preference, for the geographic area. **4.c.** The plan describes how crisis intervention and other alternatives to inpatient, detoxification, long term residential care and low incident services will be provided in the geographic region, and how services and supports will be provided in the least restrictive setting and eliminate the unnecessary use of private and/or state facility beds.
5. A statement of how the local plan proposes to manage short-term core services as described in the State Plan to non-members of target populations.	**5.** The plan describes how short-term core services to non-members of target populations will be managed? Does it cover all of the core services and does it provide for coverage of these services to the entire

Required Elements	State Criteria for Approval
	population.
6. Description of your perception of the strengths and weaknesses in meeting State Plan requirements, and recommendations/plans for eliminating or ameliorating each weakness? This should include consideration of your proposed configuration of counties (if applicable), the size and demographic profile of the populations to be served, your capacity to provide high quality, accessible services in a highly cost-effective manner. This includes administrative staff ratios for key functions and provider network ratios, and clinical staff ratios for identified service provision.	**6.a.** The proposed plan identifies both strengths and weaknesses in meeting State Plan requirements. **6.b.** The proposed plan identifies strengths and weaknesses in both administrative and service network capacity and the recommendations/plans for eliminating or ameliorating each weakness.
7. Description of the savings related to any consolidation (or planned consolidation) of administrative services/programs and/or the creation of more efficient administrative functions, including specifically how they will be directed to increase the provision of mh/dd/sa services.	**7.** The plan includes savings or more efficient functioning based on any planned consolidations? If there is financial savings, does this take into account effective and high quality delivery of core service functions as well as services to targeted populations.

Qualified Provider Network Development

The recruitment, development and maintenance of a provider network by the LME is intended to ensure that there are available and qualified providers to deliver services based on the local plan. Provider network development shall address access, availability, consumer choice, fair competition and cultural competence, across all disabilities.

The LME's are responsible for including in their provider network a qualified prevention program to conduct specific activities in conjunction with state level programs to reduce youth access to tobacco products. States are required to reduce youth access to tobacco products by the Federal Synar Amendment or incur a financial penalty on their Substance Abuse Prevention and Treatment Block Grant. The LME's are to ensure through the Division Performance Agreement that they 1) designate a liaison for reducing youth access to tabacco products; 2) demonstrate leadership in local community implementation of the Synar Amendment provisions; 3) ensure the provision of a minimum of 8 hours per month of substance abuse consultation, education, and primary prevention services specifically directed towards Youth Access Community Collaboration, Merchant Education and Law Enforcement related activities; and 4) maintain appropriate event documentation through a standardized reporting format for audit purposes.

Division data show that minority and ethnic groups are over-represented in the priority populations described in this Plan. Focus on these priority populations will help address ethnic and racial disparities. Local business plans should indicate how the LME plans to address local mh/dd/sa system disparities. For example, they should show how they plan to match the proportion of Spanish speaking persons in their geographic (catchment) areas to the proportion of Spanish speaking treatment providers, how they will do outreach to under-served portions of their community and how they will attempt to recruit minority staff members to reflect the racial or ethnic composition of the community.

Required Elements	State Criteria for Approval
1. Provide a copy of the criteria by which qualified providers will be included or excluded in the service network, and how the criteria were developed.	**1.** The criteria for network membership are adequate to build an effective service system at the local level. The criteria were developed in consultation with the Consumer and Family Advisory Committee.
2. Provide a current list of all qualified service providers available to be included in the network, including information regarding the service categories they are capable of providing and to which target populations, as outlined in the State Plan. This list should be inclusive of ALL qualified public and private providers, should note which of these providers have stated their willingness to be network members, and should identify reasons for which qualified providers are not or choose not to become network members. The LME must provide the state on a quarterly basis, with a complete electronic list of all participating qualified providers included in the qualified provider network and the number and type of referrals made to network members during the preceding quarter.	**2.** Based on qualified provider data submitted by the LME, there is sufficient network capacity and qualified provider recruitment to deliver the services and supports described in the LME plan in a culturally competent manner.
3. Analyze the current capacity to meet the service needs identified in the Plan, based upon the list of qualified providers in the local network. Describe the areas of service needs and the LME's implementation plans, with timeframes, for network recruitment and development to meet the identified needs and gaps. Describe how the entities making up the LME have done recruitment	**3.** There is an analysis of current capacity to meet services needs based on qualified providers in the network. If the current network is inadequate, how well does the proposed local Plan for development and recruitment adequately address service gaps for all target populations? The current qualified provider network has adequate access to services and supports across all

Required Elements	State Criteria for Approval
and development of qualified providers in the past.	disabilities and the entire service continuum? To what extent does past history of private qualified provider recruitment and referral by the entities making up the LME suggest confidence in the LME's ability to develop and maintain effective qualified provider relations.
4. Provide an access map for the network demonstrating the degree of geographic access for each of the service categories. Show that services are geographically accessible to each client within the state approved distance/travel standards (by car or public transportation), as follows: City/Town: thirty minutes or thirty miles. Rural areas: transport time and distance within rural areas may be greater than 30 minutes or thirty miles only if based upon existing community standard for accessing care, or if by client choice. Where greater, the exception must be justified and documented to the state on the basis of community standards. The proposed plan must identify and plan for: • Inpatient hospital services and/or residential treatment services located within 60 miles of residence in urban areas or 3 hours in rural areas. • Crisis stabilization, in sufficient quantity, located within 30 miles/30 minutes of residence • A minimum of three (3) qualified mental health treatment providers of periodic services employed by different agencies/organizations or private qualified providers located within 30 miles of the consumer's residence	**4.** The LME is in compliance with geographic access standards as described under Required Elements. For transport time and distance greater than 30 minutes or 30 miles in rural areas, the exception is justified upon analysis and documentation of existing community standards. This justification has been prepared with the Consumer and Family Advisory Committee.
5. Provide evidence of attempted recruitment and successful contracting with specialty qualified providers with programs	**5.** The proposed local Plan shows effectiveness in successful recruitment and contracting with specialty qualified providers

Required Elements	State Criteria for Approval
designed to meet the needs and preferences of consumers, including: • Qualified providers representing and able to provide services to culturally diverse populations including minority populations, • Qualified providers with skills and abilities to provide services to persons with co-occurring disabilities, • Qualified providers for target population members who have been shown to fare better in a "one-stop" service setting, • Qualified providers who are able to provide low-incident services, • specialty qualified providers for juvenile justice, pregnant women and children, offenders, opioid-dependent persons, persons with HIV/Aids and other communicable disease, and smoking cessation programs. • Providers who demonstrate ability to deliver consumer-directed supports.	in the areas listed under required elements. If there are areas of weakness, there is a plan for strengthening the recruitment and retention of qualified providers in that area.
6. Describe the LME's method for providing consumer choice among qualified providers, for all service categories. Also describe mechanisms for educating consumers and families of all target populations so they will have informed choice. This must include the access by consumers and families of monitoring results and outcomes data. Describe how services will be brokered with third parties and how referrals will be made. Describe how families and consumers will have choice among qualified providers with competence in serving minority populations.	**6.a.** Choice of qualified providers is available to consumers. What are the marketing plans for qualified providers and education for consumers in selection of qualified providers? The marketing plans were developed in consultation with the Consumer and Family Advisory Committee. Monitoring results and outcome data are made available to consumers and families to inform their choices. Consumers and families have choices among qualified providers who have competence in serving minority populations. **6.b.** Appropriate safeguards exist to ensure adequate consumer choice. There is evidence of 3rd party service brokering and or referral assistance plan. **6.c.** Private qualified providers and consumers in the area validate the

Required Elements	State Criteria for Approval
	experience of good relations and adequate choice options for service consumers.
7. Describe the ways in which qualified providers will be supported in receiving education and training, information regarding best practices and clinical standards for all target populations, and education regarding required programmatic, licensure and monitoring standards.	**7.a.** The proposed local Plan provides technical assistance to assist qualified providers in adopting required clinical pathways, system of care standards and other programmatic guidelines to any and all service consumers within the new system who may need such assistance. **7.b.** The plan is effective for training and providing technical assistance to qualified providers within the network.
8. Describe the proposed LME's history and evidence of implementation of the Independent Practitioner provision (e.g., number/percentage of referrals made to independent practitioners). Provide the number/percentage of practitioners currently with an MOU with County/Area Program, policies/procedures/protocols for out-of-program referral and any changes in such policies/ procedures/protocols to affect the new proposed local Plan.	**8.a.** The LME's described history and evidence of implementation of the Independent Practitioner provision indicates capability of continued implementation of the provision. **8.b.** The LME's plan for networking with appropriate certification and licensure boards regarding independent practitioners and independent enrollment of qualified providers is effective.
9. Describe the history and provide evidence of coordination of admission/discharge with state and private acute or long-term residential placements, including active participation with the facility in discharge planning for the individual and length of time to first follow-up appointment following hospitalization. Describe how this would change, if it would, in the proposed new local system.	**9.** The history and evidence indicate that the LME will have an active and effective role in admission/discharge of individuals in state and private acute and long-term residential placements, including active follow-up following discharge.

County/Area Program as Both LME and Direct Service Provider

County/area programs have the primary role of managers of publicly funded mh/dd/sa services within a specified geographic area. In addition to the other areas of management listed in the reform bill, the county/area program is also responsible for insuring or providing objective case management (case management that is independent of service provision), service coordination and/or treatment/habilitation planning for people receiving services through public funding.

County/area programs may not be the qualified provider of direct services other than those management functions, core services and case management unless permitted by the Secretary through the approval of the local business plan. Approval may be granted, for a temporary, interim period, based on pre-existing obligations, access, unavailability of qualified providers, consumer choice, and fair competition in accordance with criteria established by the Secretary. Requests for permission to provide services shall be made in conjunction with submission of the Local Business Plan. Approval may be granted for a period of up to three (3) years.

The approval will consider the criteria listed below. In addition the local business plan should include issues of service disruption, sustainability of safety net components and other mitigating factors for consideration.

Required Elements if Requesting Approval to Provide Direct Services	State Criteria for Approval
1. The LME must demonstrate that there are contractual arrangements, court-approved treatment plans, property ownership obligations, or other material obligations that cannot be breached. These obligations must be of sufficient seriousness to justify continuation of service provision in a specific situation. **OR,** The LME must demonstrate that all reasonable efforts to attract qualified providers to the area have failed and there are no other qualified providers available to render specific services. Evidence of efforts may include copies of RFP's, newspaper advertisements, and other tangible steps taken to recruit qualified providers.	**1.** The area program demonstrates obligations that cannot be breached, or that all reasonable efforts have been taken to attract qualified providers and that there are no qualified providers available to render the service.
2. The LME must submit a plan describing how and when it will transition out of service provision. If the transition plan exceeds three (3) years, the program must show progress toward meeting the timelines in its transition plan before continuation of any approval past the initial three (3) year period. For example: leases may not be automatically renewed and then used as the reason for needing another approval.	**2.** The plan submitted by the LME indicate that the LME will be able to successfully transition out of service provision within three years.

Requirements if Approved

- The county/area program must submit for each area for which it plans to provide service a description and history of at least the last two years of public/private relationships and contracting. Supply supportive evidence including minutes of meetings and efforts at public/private partnerships.

- County/area programs applying for approval to provide direct services in addition to those functions of the LME, shall concentrate and focus their efforts on serving consumers in the targeted populations who have multiple, complex needs not easily met by individual or small group qualified providers.

- The county/area program must establish and adopt written policies to assure that all good faith efforts are made to inform individuals of the full array of qualified provider choices and that people are not steered toward services that are county/area program owned, operated, managed or affiliated.

- The county/area program must demonstrate that the person/legally responsible person has been provided with complete and non-biased information regarding the qualified provider choice policy, that all qualified provider opportunities and options available to the person within the area have been reviewed by the person/legally responsible person and the person/legally responsible person indicates that their desire is to retain the county/area program as the direct service qualified provider.

- If the county/area program is approved as a direct service qualified provider, a) an independent service coordinator must be assigned to the client's case (**not** staff of the county/area program and, b) the county/area program must contract for third party oversight of quality management activities.

Service Management

The LME must manage all mh/dd/sa services on the continuum, including appropriate level and intensity of services, use of state hospitals/facilities bed days, and internal utilization management.

Required Elements	State Criteria for Approval
1. Description of the LME's proposed management of the core services involving service coordination, outreach, education and prevention, screening, assessment, referral and emergency services as outlined in the State Plan. This includes availability of 24-hour triage, referral and authorization of services and emergencies management.	**1.a.** The description of the LME's management of core services indicates the capability of managing the services for all individuals. **1.b.** The proposed triage and referral system appears adequate with regard to phone systems and disability specific staff to handle the expected volume based on an analysis of the population ratio.

Required Elements	State Criteria for Approval
2. Include a description and flow diagrams of the process for internal authorization, uniform portal of access, tracking systems of service utilization, and qualified provider linkages. Description of the use of integrated/common screening and assessment tools for entry into the mh/dd/sas system consistent with state requirements for each target population.	**2.a.** An adequate flow diagram is provided that tracks first contact to first face to face treatment/service appointment. **2.b.** The process described includes use of screening and assessment tools for entry into the mh/dd/sas system according to state requirements for each target population.
3. Description of how the LME proposes to implement utilization management functions, including FTEs, phone systems and organizational units. Show how the state-adopted standards of care and/or level of care guidelines for internal utilization management will be used , how appropriate step-down services will be ensured and how the two processes will be coordinated. Include a description of the current process for service management (i.e., internal utilization management ensuring timely service provision and referral practices) used by the entities forming the LME, and how the LME proposes to change, improve or adapt this current process in the new local system	**3.a.** The proposed plan shows evidence of the ability to perform internal utilization management functions, including FTEs, phone systems and organizational units. **3.b.** The proposed local plan adheres to the standards of care and/or LOC document for treatment and supports. **3.c.** The plan addresses how appropriate step-down services will be ensured.
4. The Plan shall describe how crisis prevention, stabilization, residential stabilization and crisis respite services will be provided in sufficient capacity for all of the target populations, including individuals with co-occurring disorders, as follows: • Face to Face contact with qualified provider within 24 hours in urgent situations. • Emergency services available 24/7 and shall have 24/7 toll-free telephone hotline with no automated responses. • Follow-up visits following emergency or urgent care, ensure that the client shall have access to face to face contact with qualified provider within 3 business days.	**4.a.** The Plan describes the capacity and infrastructure for responding to crisis situations. **4.b.** The Plan describes how the emergency/crisis system will be responsive to all target populations, including children, people with developmental disabilities, people with mental illness, people with substance abuse disorders, and people with co-occurring disorders. **4.c.** The Plan describes a comprehensive crisis prevention and stabilization system, with respite, residential, and community options. **4.d.** The plan describes the flexibility needed to effectively support individuals with unique needs.

Required Elements	State Criteria for Approval
• Follow up to inpatient, shall have access to face-to-face contact within 3 business days following discharge unless treatment plan identifies earlier appointment. Describe how services will be modifed if necessary to support individuals with unique needs, including modification of traditional mental health or substance abuse services to meet the needs of individuals with developmental disabilities. Description of how the proposed local system will coordinate crisis management services and resources necessary to divert children and adults from unnecessary out of home placements or institutional care, including the use of child and family and ACT teams.	**4.e.** The plan describes a capacity to divert children and adults from unnecessary out of home placements and institutional care? Is there a capacity to use child and family teams and ACTT teams. **4.f.** The proposed Plan contains a provision for at least one staff member to be available for emergencies and crisis referrals from the Uniform Portal contractor on a 24 hour/7 day basis. **4.g.** The proposed plan includes provisions for face-to-face emergency care within 2 hours, urgent care with 24 hours and follow-up visit from acute inpatient service within 72 hours of discharge. **4.h.** Qualified substance abuse clinicians are available to provide 24/7 phone consultation, screening, assessment, referral and placement for adult and child and adolescent substance abuse.
5. Description of how the LME will assure the provision of care coordination and case management to service consumers across all target populations. Include the criteria for determining when case management will be provided, to whom, by whom, and for how long. Include also, the number of case managers the local plan includes, their qualifications, and the proposed active caseload for each case manager.	**5.** The description of care coordination and case management indicates that consumers across all target populations will have access to objective, qualified case management services.
6. Include samples of agreements with qualified providers that identify how qualified service providers will be included in the service coordination process, and how clinical information will be exchanged with consumer consent. If the LME does not use the state approved qualified provider agreement, identify changes that need approval by the State and document why.	**6.a.** The agreements between qualified provider and LME identify the role and mechanism for inclusion of the qualified service provider in the service coordination process as well as the types of clinical information that may be exchanged between the LME and the qualified provider. **6.b.** The LME utilizees the state approved qualified provider agreement? If not, are the reasons for the changes clear and reasonable to be approved.

Required Elements	State Criteria for Approval
7. Description of how the LME will assure consumer choice and fair competition at the referral and authorization points, including, for those LME's who are allowed to provide direct services, proposed safeguards against the intentional or unintentional directing of referrals exclusively or over-abundantly to the LME. (See above under qualified provider network development.)	**7.** The description provided by the LME indicates that there will be unbiased consumer choice and fair competition in the marketplace.
8. Description of the LME's proposed plan to address the consumer's right to appeal and file grievances, consistent with the form and structure of the process established by the state. Include steps to receive, evaluate and take corrective action as needed based on client/citizen appeals and complaints. Describe the service continuation plan during and throughout the appeal process. Describe the history by the entities forming the LME of how consumer issues have been addressed.	**8.a.** The proposed plan for appeals and grievances is consistent with the process established by the state. **8.b.** The process and historical data indicate that consumer issues have been and will be met in a timely manner. **8.c.** There is indication that the LME has the capacity to receive, evaluate and take corrective action on complaints and appeals.
9. Description of the proposed planning process and implementation plan for disaster response and recovery activities. The plan must be service-area wide and address disaster preparedness planning, response, and recovery on a county-by-county basis.	**9.a.** The LME indicates a capacity to provide disaster response and recovery activities, that is service-area wide, that addresses disaster preparedness planning, response and recovery on a county-by-county basis. **9.b.** The LME show coordination with other agencies and organizations in these efforts.
10. Describe how best practice, evidence-based practices, and clinical guidelines for each of the target populations will be used, including but not limited to: System of Care and child/ family team approaches, ASAM Patient Placement criteria, implementation of Clinical Guidelines Series for Area Programs, strengths based and person-centered planning, and self-determination for people with developmental disabilities, CSAP evidence-based strategies.	**10.** The proposed local plan adheres to best practice approaches and protocols for consumers in the target populations established in the State Plan. The plan indicates that the LME has knowledge of and is committed to best practices, able to contract with qualified providers who comply with those approaches, and has an ongoing learning atmosphere in which those approaches can be used.

Required Elements	State Criteria for Approval
11. Describe how individuals who are transitioning from one set of mh/dd/sa services to another, or who need services from other community agencies, will be able to access a consumer-friendly, coordinated and streamlined process. Examples: youth transitioning to adult, individuals transitioning from inpatient settings to outpatient or from one residential placement to another, individuals requiring services to meet co-occurring disabilities, individuals who need primary health care in addition to mh/dd/sas services.	**11.** The proposed local plan implements protocols for transition of individuals transitioning from one set of services to another or who need services from other community agencies.

Financial Management and Accountability

The LME must be able to carry out business functions in an efficient and effective manner, do cost sharing, and manage resources dedicated to the public system. The LME must complete financial stability checklist requirements, standardized reports, additional reports and data submissions as required by legislative, federal or state mandates. The state may impose sanctions for failure to comply with reporting requirements that may include per day fines for lateness of reports, incomplete or failure to report in approved media or format. Any data, information or reports collected or prepared by the LME and its network qualified providers in the course of performing their duties and obligations for the state will be deemed to be owned by the State of North Carolina.

Required Elements	State Criteria for Approval
1. A fiscal plan/contract identifying financial resources for each service area by age/disability target group in relationship with projected needs for service management and planning. Demonstrate an understanding of all federal and state funding sources available.	**1.a.** The fiscal plan shows that the LME is financially prepared to manage services and supports to each of the target populations based on analysis of projected needs. **1.b.** The fiscal plan demonstrates an understanding of applicable funding criteria for: HHS Substance Abuse Performance Block Grant, Temporary Assistance for Needy Families Block Grant (TANF), US Office of Education Safe and Drug Free School and Communities, MRMI funding, CAP-MRDD, etc.
2. Two years of financial reporting sent to the state via the performance agreement	**2.** There is evidence of compliance for all financial indicators, per performance

Required Elements	State Criteria for Approval
standards and evidence of compliance with requirements. If out of compliance, demonstrate corrective action taken to correct compliance. For new entities, demonstrate the capacity to provide the information as required by the state.	agreement requirements.
3. Two years of annual, all-inclusive financial and compliance audits by a certified public accountant with results submitted to the Division. If out of compliance, demonstrate corrective action taken to correct compliance. For new entities, provide evidence of capacity to participate in the financial audits and reports as required by the state.	**3.** The proposed local plan shows evidence of acceptable audits by an independent auditor, and any corrective action taken.
4. A plan/contract demonstrating compliance with electronic claims submission, electronic data transfers, and HIPPA requirements in addition to overall MIS capabilities. This includes contact information for LAN and IT management staff and documentation of IT infrastructure including, LANs, WAN, and workstation capacity.	**4.** The plan shows compliance with all requirements for electronic transmission of data, including HIPPA? There is sufficient infrastructure and workstation capacity to meet requirements.
5. A plan to ensure that the LME and qualified providers network understands and complies with applicable federal and state fiscal requirements. Inlcude reporting linkages to the qualified providers network for data submission and analysis.	**5.** The plan shows that the LME has a capable reporting linkage system to qualified providers and that both qualified providers and the LME are able and willing to comply with federal and state fiscal requirements.
6. Describe each project that the current area authority or county program has in progress (or a project proposed for the ensuing year), for the alteration, improvement, and rehabilitation of real property, which is in whole or in part funded using local funds. For each project indicate if the real property is owned or leased and the name of the entity that owns or leases the property.	**6.** The LME shows the capacity that is needed for submitting financial data in a timely manner

Required Elements	State Criteria for Approval
7. Describe the process to ensure that persons being served are enrolled in appropriate third party plans such as Medicaid, Medicare, Health Choice, and SSI.	**7.** The LME shows that it will be able to adhere to technical requirements as published by the IRMC and ITS.
8. Evidence of adoption and utilization of the standardized fee schedules.	**8.a.** The LME has the capacity to adhere to security procedures for protection of consumers, families and staff. **8.b**. The LME has the capacity to safeguard financial and other material resources.
9. Provide data analysis of claims processing and timelines of payments to qualified providers.	Analysis of claims demonstrates LME capacity to pay provider within 30 days of invoice.
10. Provide evidence that the proposed LME will share budget information on service and support dollars for eligible children with the Community Collaborative.	The Plan demonstrates evidence that budget information is shared with the Community Collaborative.

11. Demonstration of LME capacity to participate in IPRS (Integrated Payment and Reporting System) and MMIS (Medicaid Management Information System). The following must be in place:
• Signed Trading Partner Agreement and DMA Agreement.
• Use of the following HIPAA compliant transaction sets:
  • ANSIX12N 837 (Professional Claim format) for claim submission
  • ANSIXI2N 834 for reporting of client eligibility and enrollment
• ANSIX12N 835 for receiving remittance advice information electronically from IPRS
• Use of IPRS browser screens and Report2Web report for managing eligibility and enrollment, and identifying persons being served in the Common Name Data Service, managing the enrollment of qualified providers,
	The Plan demonstrates LME's capacity to adhere to all IPRS and MMIS requirements.

Required Elements	State Criteria for Approval
internal utilization management, financial management of client and agency accounts. • Use of Secure Socket Layer (SSL) technology with 128-bit encryption that meets RC4 or Triple Data Encryption standard.	
12. Demonstration of ability to submit data in accordance with Consumer Data Warehouse requirements, At Risk Children requirements and MR/MI requirements	The Plan demonstrates LME's capacity to report accurate data within timeframes required.
13. Decribe the capacity of the LME to submit to the state required financial data within 45 days of the close of the applicable reporting period.	a. The Plan demonstrates LME's capacity to submit financial data within timeframes and format as required. b. The Plan demonstrates LME's capacity to review provider cost reports and submit analytical information to the state as required.
14. Describe how the LME will adhere to the Statewide Technical Architecture as published by the IRMC. In addition, the LME shall adhere to the "Wiring Topologies and Data Link Standards", "Disaster Recovery and Security", "Network Operating Systems", "Administration, Support, and Training" as published by ITS.	The Plan demonstrates compliance with statewide technical architecture as published by IRMC and ITS.
15. Describe how the LME will adhere to all *security procedures* established by Division of MH/DD/SAS both for the protection and safety of consumers, their families and LME employees and staff, and also for the safeguarding of financial and other material resources.	The Plan demonstrates LME's capacity to adhere to state required security procedures.

Service Monitoring and Oversight

The LME must ensure that services provided to consumers and families meet federal and state regulations and outcome standards, and ensure quality performance by qualified providers in the network.

Required Elements	State Criteria for Approval
1. Describe the role of families and consumers in monitoring and the quality management process.	**1.** The plan shows utilization of the local Consumer and Family Advisory Committee and other consumer and family organizations in monitoring.
2. Describe MIS capabilities, especially the ability to effectively track service events, track outcome data related to public funding, and generate performance indicators. The minimum data set necessary to generate the performance indicators include: • Qualified provider network composition • insurance verification • Referrals, length of engagement, discharges prior to completion of treatment • Client registration and client characteristics; target population information • Managed care program participation and development • Service tracking (scheduling, recording, billing) • Medical record management • assessment and plan development • Client service encounters • Client status and outcomes • Summaries of Grievances and Appeals • Summaries of denials and appeals • Summaries of restrictive interventions and other required client rights reports	**2.a.** The proposed plan provides evidence of MIS capabilities for tracking of service events and outcome data by age, disability, special populations and target populations? Will the MIS system be capable of tracking all the required performance indicators. **2.b**. Collected data is used for the planning function of the LME to the greatest extent possible.

Required Elements	State Criteria for Approval
• Access to services standards • Satisfaction Surveys • Report Cards • Compliance monitoring • Other data required for specific target populations such as SAMHSA data infrastructure requirements, DD Single Portal requirements • Describe how data will be used for planning.	
3. Describe the plan for monitoring and ensuring that contracted qualified providers incorporate best practices for each target population and individual outcome-based goals into their daily practice.	**3.** The LME ensures that qualified providers adapt their interventions and services to strategies that meet outcome-based goals and best practices? Does the LME take into account best practice guidelines for all of the target populations.
4. Describe the LME quality management process to meet the State Plan requirements, including how the LME will address the following: • Monitoring of all risk management, and health and safety issues in the LME and its qualified provider network to include the formal review of incident and death reports, and compiling and analyzing this information for meaningful use in quality improvement. • Ensuring the safety of persons being served while limiting the use of coercive or restrictive interventions that may interfere with the treatment plan or the process of recovery, or that may abridge the consumer's rights. • Monitoring of all qualified providers for compliance with applicable rules and	**4.a.** The quality management activities described in the plan are consistent with quality management as described in the State Plan, and with best practices in quality management. **4.b.** There is evidence of a system to monitor risk, health and safety, and to analyze the results of monitoring for quality improvement. **4.c.** The LME shows a meaningful plan for limiting the use of coercive or restrictive interventions, and show quality due processes in instances where those interventions are deemed necessary. **4.d.** The business plan addresses an adequate system for monitoring rule compliance and applicable standards, for qualified providers of MH/DD/SAS. The proposed local

Required Elements	State Criteria for Approval
standards, and compliance with privileging/credentialing and staff core competencies, regardless of whether the qualified provider is under a contractual agreement with the LME. Delineate FTE's and total number of anticipated qualified providers/practitioners to be monitored. Describe a written feedback mechanism for informing qualified providers of monitoring results. • The implementation of an on-going system for collecting consumer satisfaction data and state outcome data, including data from qualified providers receiving public funds for mh/dd/sa services. • The implementation of an effective Client Rights Program that protects the rights, health, safety and welfare of consumers. • A process for identifying, documenting, reporting and investigating individual complaints and incidents in a timely basis. This must include how the LME will coordinate with other agencies and organizations responsible for licensure, complaints and investigations. • The implementation of an on-going system of internal UM and qualified provider profiling (state facilities and any qualified provider receiving public funds for MH/DD/SAS). • The development and implementation of preventive and corrective action plans and follow-up	plan's credentialing, privileging, assurance of core competencies, and compliance monitoring of qualified providers, by age/disability and target population is effective. The proposed plan provides written feedback to qualified providers in a timely manner. **4.e.** The plan addresses the ability to collect and analyze consumer satisfaction and outcome data. **4.f.** There is an effective Client Rights program that meets State rules and regulations, and that protects the rights, health, safety and wellbeing of individuals. **4.g.** There is an effective means of identifying, documenting, reporting and investigating incidents on a timely basis. **4.h.** There is evidence that the LME will be able to identify, document, report and investigate incidents on a timely basis. The LME's plan for networking with the Division of Facility Services regarding licensure inspections and complaint investigations, and the local department of social services regarding adult and child protective services is effective. **4.i.** The described system for internal UM and qualified provider profiling is effective. **4.j.** The LME has the infrastructure and capabilities to develop and implement corrective action plans internally, and to oversee the implementation of corrective action by qualified providers.
5. Describe how the LME will provide the state with timely and accurate data as required. Examples are NC TOPPS for all substance abuse treatment populations, the CSAP Minimum Data Set (MDS) for prevention programs, and DD Single Portal Data Base.	**5.** The LME describes the ability to provide the State with timely and accurate data.

Evaluation

Self-evaluation is based on statewide outcome standards and participation in independent evaluation studies.

Required Elements	State Criteria for Approval
1. Provide a description of external accreditation or certifications held or planned by entities forming the LME. Provide the latest copy of final report(s) and any follow up corrective action plans from any and all external evaluators.	**1.** The LME and/or its earlier configuration of counties/area programs has current accreditation by a national accrediting body, or by the Division. Recommended corrective action has been taken.
2. Describe the LME's participation in evaluation processes for the last two years and actions taken as a result of the evaluations. These may include outcomes, accreditation or self-evaluation for accreditation, CQI plans, etc. Provide at least one example/study of how evaluation results have been used to improve quality.	**2.** The LME participates in evaluation processes, and at least one study in process improvement, client outcomes, prevention or structure.
3. Describe how the the formation of the proposed LME's strategic plan incorporates past evaluation data and how information will be used within the local service area and with qualified providers to improve client outcomes.	**3.** There is a systematic means for reviewing and analyzing the performance indicator data. The LME shows a capability for tracking and using the required performance indicators in its quality improvement activities. There is evidence that data collected is analyzed and used for decision-making and self-correction.
4. Describe how the LME will include the following system performance indicators in internal evaluation reports and document their use in quality improvement activities: access (penetration rate, timeliness of receipt of service, adequacy of qualified provider network); quality of care (engagement/retention in treatment, continuity of care and care-givers, completion of service plans, consumer/family education);	

Required Elements	State Criteria for Approval
administrative processes (collaboration in planning, effectiveness of system QI processes and activities, traini/ng); and consumer outcomes (Core Indicators Project, Client Outcomes Inventory). Describe how the LME will be able to accommodate any new performance indicators required by the State as circumstances require.	

Collaboration

The LME must show that it is collaborating with other state and local public and private service systems in ensuring access and coordination of services at the local level.

Required Elements	State Criteria for Approval
1. Description of the LME's role in the community in relationship to other qualified providers, agencies and organizations connected or involved with supports to target population members. This should include all target populations including those with co-occurring disorders, and should take into account all State rules and regulations including the System of Care requirements for at risk children's funding, DD Interagency Council, and the coordination of Adult and Child and Adolescent substance abuse services. Include a listing of all collaborative committees that you are currently participating with or hosting, including rates of participation and any leadership activity. Provide list of service agreements, memoranda of understanding or contracts with other agencies and systems to ensure that client care is coordinated.	**1.a.** Evaluate the strength of the evidence of active involvement with the following: DSS, Health, Vocational Rehabilitation, legal services, Court System, Corrections, Juvenile Justice, DECs, Homeless Shelters, domestic violence programs, Law Enforcement, Jails, School System, faith based community, family support programs including First in Families, employment programs, transportation, Child and Family Teams, and other human service agencies/qualified providers. . **1.b.** There is evidence that the LME can and will play an ongoing key leadership role in local community collaboratives, in integrating and coordinating with the services of other state and local agencies. **1.c.** The description gives consideration to all target populations including those with co-occurring disorders. **1.d.** The description meets the requirements of all applicable State rules and regulations regarding collaborative relationships, including System of Care for children's

Required Elements	State Criteria for Approval
	funding, DD Interagency Council, and coordination of Adult and Child and Adolescent Substance Abuse Services. **1.e.** The proposed local Plan attends to multiple client needs involving active involvement with other agencies.
2. Provide a plan and/or evidence of community collaboration in order to implement state requirements of access to the System.	**2.** The designation of points of access at public agencies is adequate.
3. Describe the collaborative efforts with the local and regional communities to support the prevention and outreach activities of MH/DD/SA systems both at a system and client specific level. This includes prevention of developmental disabilities through early intervention, and collaborating with law enforcement agencies, merchants and community organizations in the development of community policies and norms that prohibit youth access and that discourage underage use to tobacco and alcohol products.	**3.** The proposed plan implements collaborative efforts with other agencies to ensure prevention and outreach services and resources.
4. Consistent with research showing the value of informal networks of supports and resources in achieving goals and outcomes, provide a description of how the LME will develop relationships with informal support systems in the community to augment the formal qualified provider system, for individualized care and community integration. The plan should describe how the LME supports the growth of generic support systems that consumers can access.	**4.a.** The proposed local plan identifies, builds on, develops and manages a network of informal services and resources necessary to provide the foundation for individualized care and community integration at the client, family and community level. **4.b.** The proposed local plan optimizes community access for persons with disabilities.

Access

It is the LME's role to ensure access to care and targeted services.

Required Elements	State Criteria for Approval
1. Description of a proposed local plan for cross-agency points of entry into the uniform portal access system, in order that all individuals with mhddsas needs can access appropriate support and services based on their needs rather than services dictated by the agency 'door' they enter.	**1.a.** The proposed local plan addresses how people can access the mhddsas system through multiple points of entry. **1.b.** The proposed plan implements an integrated system across points of access to monitor and improve timely access to services.
2. Description of the proposed role of consumers and qualified providers in the management of the uniform portal system, and the process for referral and access to core and targeted services.	
3. Provide two years of data analysis regarding access to emergent, urgent and routine care and follow up by age/disability. Include data and analysis regarding denials of care, no show rates, and wait times for emergent/urgent/routine care. Description of the proposed process for monitoring access through the uniform portal process to routine, urgent, emergent services. Description of how opportunities for improvement will be identified and coordinated.	**3.** The data analysis and proposed process for monitoring access to routine, urgent and emergent services indicates a capacity for managing a system that decreases waiting time for service, and takes into account no-show rates and denials.
4. Describe the number and location of designated entry points into the system and the types of practitioners/programs that are being designated to perform such services.	**4.** The number and location of entry points into the system, and the types of practitioners and programs are sufficient to allow for timely and consumer-friendly access.
5. Describe the process of coordination of designated points of entry into the system and the proposed system for tracking requests for services, including referral and disposition.	**5.** There is a mechanism for tracking service requests, referrals and disposition of requests.
6. Describe how individuals will be able to receive interim services if they are unable to immediately receive the services they need, including services for persons who need treatment for substance abuse.	**6.** There is a plan for allowing individuals to receive interim services while awaiting services that they need.

Transition Issues

Local business plans must consider several issues of transition and propose solutions that take into account the unique characteristics of their particular region while working swiftly toward implementation goals.

Transitions for People Currently Being Served

Currently there are a number of individuals who are being served by the system but who do not meet eligibility criteria for a target population. These people will need to be transitioned out of the system over a clinically appropriate but reasonable period of time. For example, individuals in this category who are receiving psychotherapy might continue with the therapist for a period of two (2) to four (4) months, after which the problem or issues worked on should be substantially resolved. Individuals who are receiving medications for milder disorders might be followed by their family practitioner, with or without consultation and liaison by a psychiatrist. Similarly, individuals whose care, services and/or supports substantially exceed those indicated for their level of disability must be reevaluated and the level of supports realigned in order to free up resources for others who are equally or more in need of services.

As a part of their needs assessment, each LME must determine the numbers and types of persons being served currently in the system who will need some type of transition services and include a plan for managing each issue in their proposed local business plan.

Qualified Provider Network

Area planners in every region will likely find that the qualified provider network currently in place is not sufficient. There will be imbalances in the number or types of providers, or a lack of certain qualified service providers altogether.

An essential element of the local business plan will be to address the development of a qualified provider network that delivers the range of services needed in the amounts required and the temporary measures planned to minimize the impact of gaps in the network. The provider network must also include the development of community resources such as support groups, volunteer counseling programs, faith-based initiatives, peer support programs and, of course, the traditional system partners such as AA, NA, Alanon, and others. The local business plan should include marketing strategies for recruiting providers to shortage areas, arranging to take services to shortage areas on a regular basis pending development of a permanent, full time network.

LME's Evolving Role

LME's, whether area authority or county programs (and whether or not they provide direct services to clients), will need to build in transitional steps for the development of their own role as the leader, overseer, and manager of services in a geographic area. This process begins with the needs assessment and planning process to determine what services will be needed to serve area recipients, and extends to the evaluation of service quantity and quality in every area and for every individual.

Some of these activities are already being carried out in an exemplary manner by many area authorities while other activities will require new approaches and different skills. Local business plans should contain a realistic assessment of the LME's level of readiness to assume a new and expanded role in region-wide planning, consensus-building, public relations, providing mentoring, coaching and technical assistance in engaging and retaining a qualified provider network and developing high quality services and programs. Where the readiness assessment includes plans for training and education of staff, the plan should include the areas of training and the timeframes for completion.